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**From : Winston Hsu, Registration No. 41,526**

**Serial No.: 10/711,508**

**Attorney Docket No.: VIAP0130USA**

**Subject: Information Disclosure Statement (IDS)**

**Total Pages: 4 pages (including cover page)**

**Winston Hsu 2006/04/24**

**VIAP0130USA0\_D1\_2**

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0661-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/711,508	
	Filing Date	09/23/2004	
	First Named Inventor	Ira Liao	
	Art Unit	2115	
	Examiner Name	BAE, JI H	
Total Number of Pages in This Submission	3	Attorney Docket Number	VIAP0130USA

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature	<i>Winston Hsu</i>		
Printed name	Winston Hsu		
Date	4/24/2006	Reg. No.	41,526

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Jun Yu</i>		
Typed or printed name	Jun Yu	Date	4/24/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).

## FEE TRANSMITTAL

### For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** 0.00

#### Complete If Known

Application Number	10/711,508
Filing Date	09/23/2004
First Named Inventor	Ira Liao
Examiner Name	BAE, JI H
Art Unit	2115
Attorney Docket No.	VIAP0130USA

#### METHOD OF PAYMENT (check all that apply)

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account   Deposit Account Number: **50-3105**   Deposit Account Name: North America Intellectual Property Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

##### 2. EXCESS CLAIM FEES

###### Fee Description

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

Small Entity	Fee (\$)
50	25
200	100
360	180

Total Claims   Extra Claims   Fee (\$)  
 \_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Indep. Claims   Extra Claims   Fee (\$)  
 \_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.  
 HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims  
 Fee (\$)  
 \_\_\_\_\_

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)  
 \_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): submission of Information Disclosure Statement

Fees Paid (\$)

0.00

#### SUBMITTED BY

Signature *Winston Hsu*

Registration No. 41,526  
(Attorney/Agent)

Telephone 3027291562

Name (Print/Type) Winston Hsu

Date 4/24/2006

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PAGE 4/4 \* RCVD AT 4/24/2006 2:02:45 AM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/19 \* DNIS:2738300 \* CSID:17039974517 \* DURATION (mm-ss):02-12